

# Introduction to Motivational Interviewing

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# Disclosures

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No conflicts of interest or relationships to disclose.

# How Do We Come Here?

- Name
- Where do you come from?
- What is your role in health care/public health?
- What is one strength you bring to your work?

# My Ancestors



# Hands-on Tools



# Steps to Learning Motivational Interviewing

- The Spirit of MI
- The Four Principles of MI
- Communication Skills Building
  - Know “Thyself”
  - Reflective Listening
  - OARS
- Working with Stages of Change
  - Recognizing and reinforcing change talk
- Developing a Change Plan

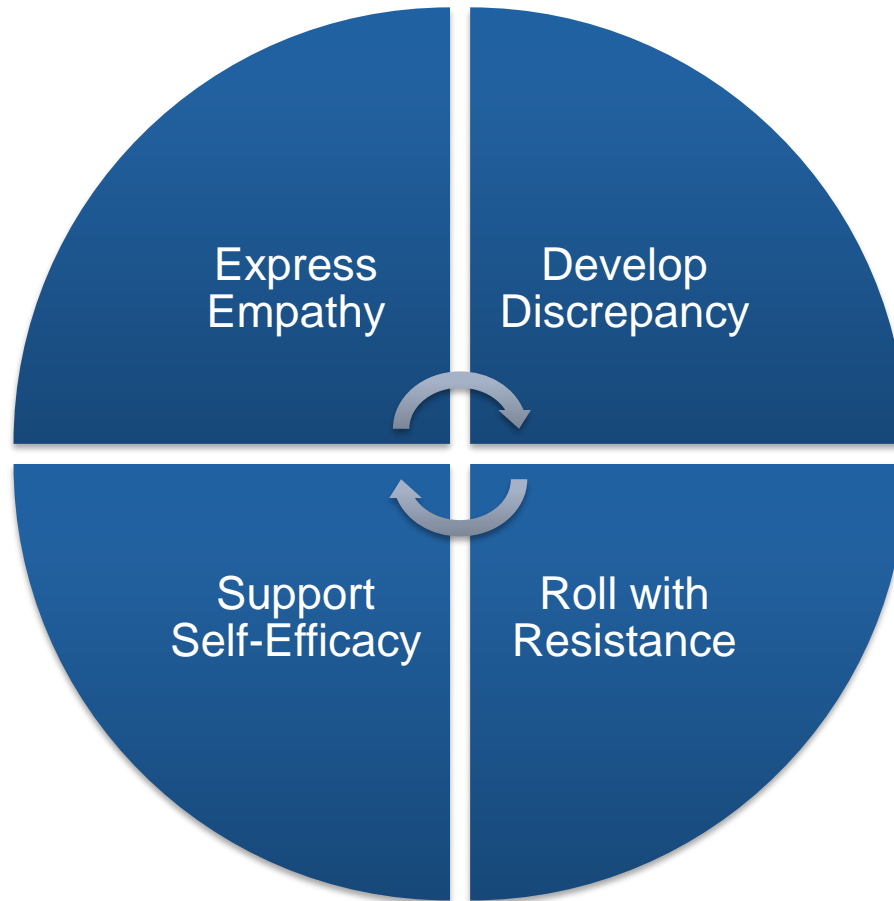
# Spirit of Motivational Interviewing

- Honors the wisdom within the client instead of power from counselor/therapist
- Client is seen as a person, rather than a problem
- Counselor provides active guidance helping client examine and move forward with feelings about change
- Counseling style facilitates client's self-discovery rather than being persuasive
- Relationship is more of a partnership, rather than an expert talking to a patient

The style of MI is calm and focuses on drawing out motivation to change from the client rather than trying to force the client to make positive changes.



# Four Principles of Motivational Interviewing



# Express Empathy

- Put aside your viewpoint, try to see things from the other person's point of view
- Validate the other person's perspective
- Listen – reflectively to what is said, and not said
- Avoid expressing doubt or passing judgment
- Try to forget about yourself, your emotions, your ego

# Develop Discrepancy

- Help client see where they are and where they want to be
- Ask open-ended questions to help client define personal values
- Help the client see the consequences of behavior in light of stated values
- Allow the client to present the arguments for change
- Avoid argument
- Resistance is a signal to change strategies

# Roll with Resistance

How do you feel about the word  
“Resistance?”

What does it look like?

# Sustain Talk

- Arguments for the status quo
- Having reasons for keeping things the way they are
- Feeling unable to change
- Invite the client to share his/her point of view
- Help the client discover solutions and answers
- Avoid going head-to-head
- May be a signal to respond to the client differently

# Discord

- Interpersonal behavior reflecting dissonance in the working relationship
- Behaviors may include arguing, interrupting, discounting or ignoring
- Encourage elaboration
- Build shared purpose

What sustain talk statements have you heard from clients?

What discord statements have you heard from clients?

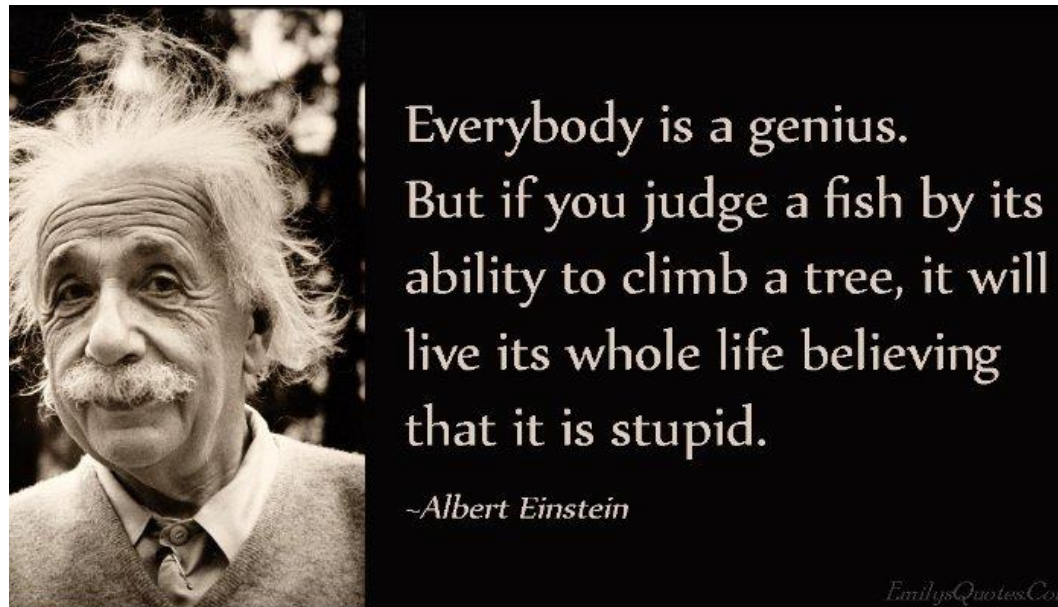


# Support Self-Efficacy

- Your belief in the client's ability to change helps the client change
- Ask strength-based questions
  - Coping questions:
    - Ask how the client is able to cope with the difficulties they are facing
  - Exception-Finding questions:
    - Focus on who, what, where, and when – Tell me about a time . . .
  - Scaling Questions:
    - On a scale of 1 to 10 . . .

# Strength-Based Questions

Goal is to empower the patient by reminding them of past successes, or identify personal efficacy that they are not aware they possess.



# Communication Skills Building

- Understanding Communication Styles
- “Know Thyself”
- Reflective Listening
- OARS

# How Do You See The World?



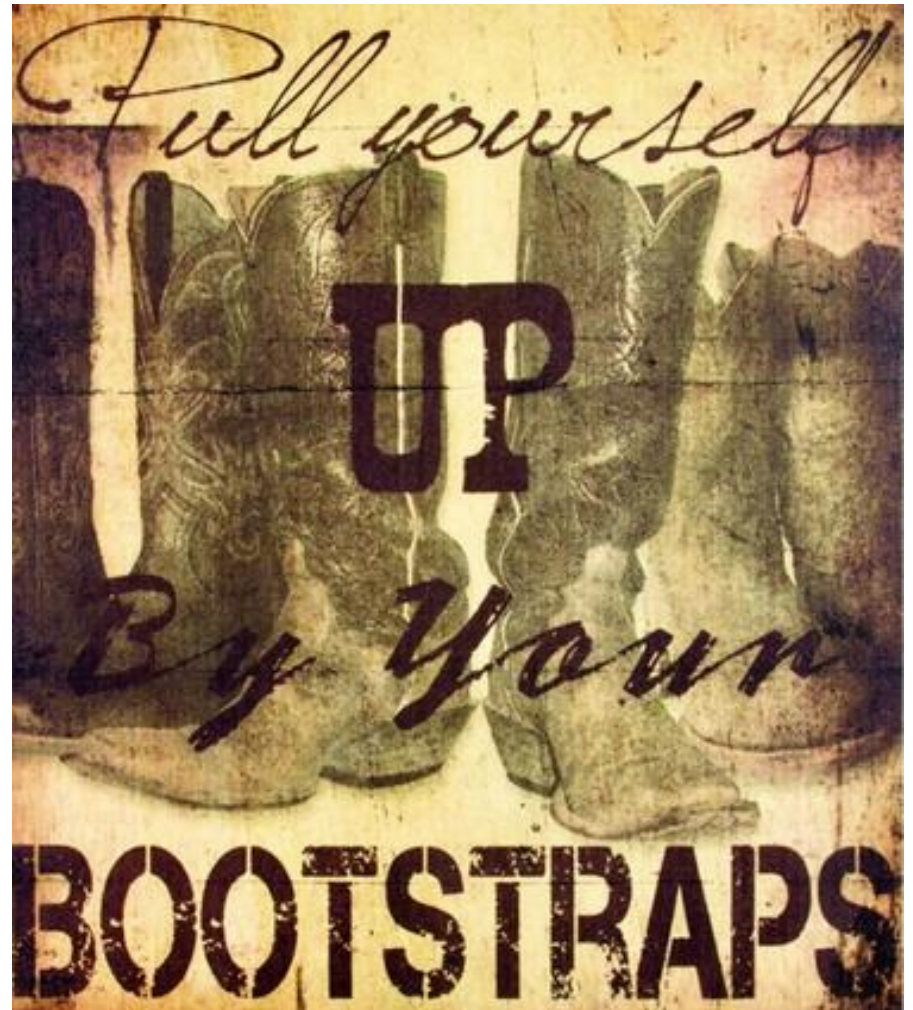
# Starting Points?

collectivist  
individualist  
healthy  
poor  
rural  
assertive  
passionate  
polite  
passive  
urban  
rural  
family  
genetics  
ACE  
class  
rich  
poor  
tribe  
implicit



# Individualistic

- Independent
- Self-promotion a positive
- Self-interest
- Accomplishments = status
- Immediate family



# Collectivist

- Membership in lifetime “in-groups”
- Interdependence
- Maintaining relationships
- Status from relationships/generational family name/location
- Reluctance to be noticed above the group



# Comparing Culture Starting Points

## Individualistic

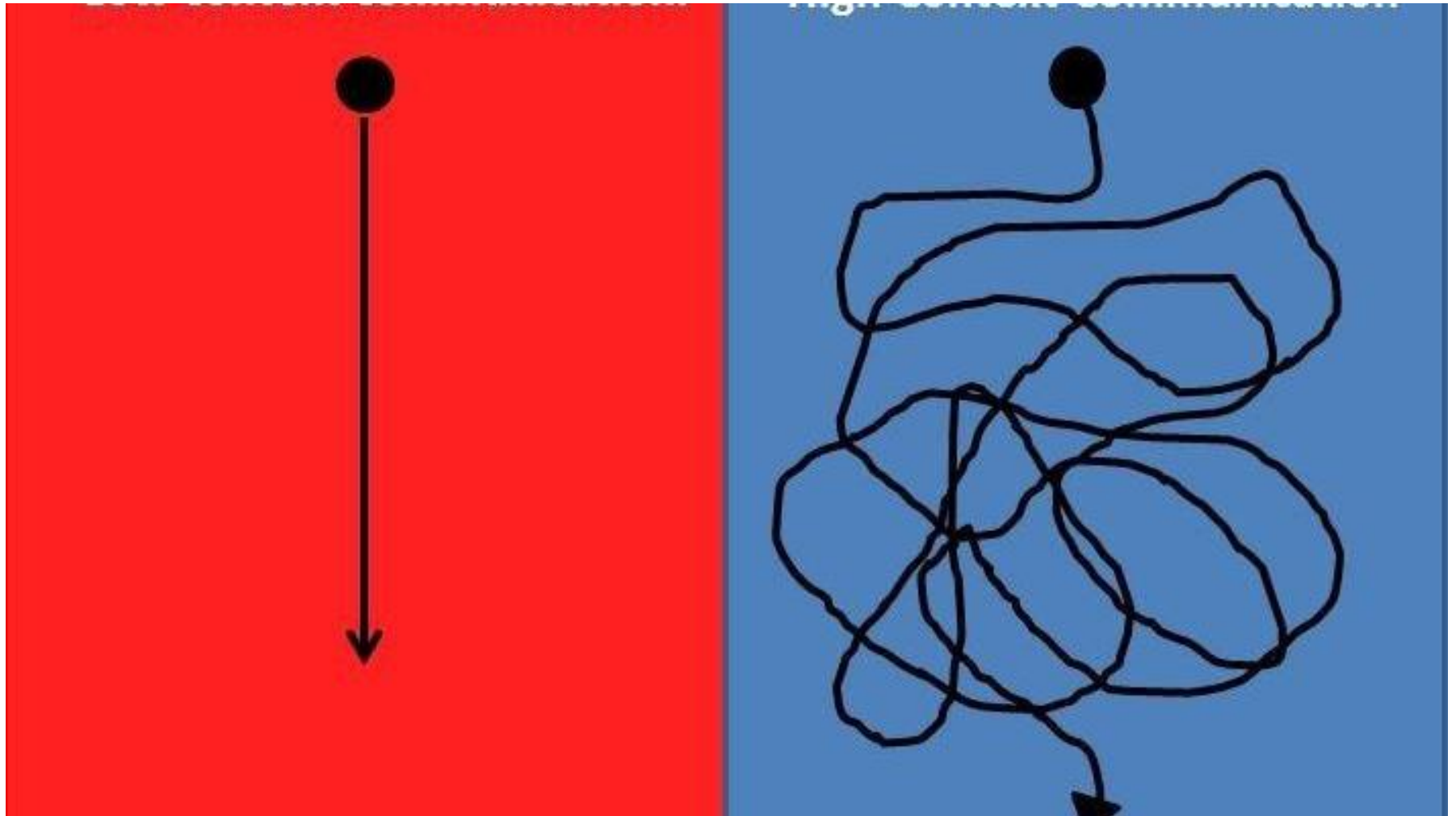
- Stress needs of individual over needs of group
  - Individual rights
  - Independence
  - Being dependent is seen as negative
  - Self-reliant
- Generally “western cultures”

## • Collectivist

- Stress the needs of the group over the needs of the individual
  - Social rules promote unity
  - Work as a group is seen as a positive
  - Do what is best for society
  - Families and communities are at the center of lives
- Generally “non-western



# Communication Styles



# Low Context

- Does not assume a shared starting point
- Provides necessary detail
- Direct – linear
- Assertive
- Less reliant on body language
- Direct eye contact

# High Context

- Relies on shared environment, history, starting points
- Less detail
- Circular – not linear
- Story-telling
- Passive
- Less eye contact

# “Know Thyself”

- **Implicit Bias:**

- Predict behavior (choices, judgments, and nonverbal behavior) toward members of social groups
- Often outperform measures of explicit attitudes in socially sensitive domains (e.g., stereotyping, and prejudice)
- Triggered automatically, often without awareness, often dependent on social context
- Pervasive – found across different demographic groups and topics
- In some cases more informative than explicit attitudes

# Implicit and Explicit Bias

## Explicit Bias

- Person is aware of their evaluation of a group
- Believes evaluation to be correct
- Deliberately generated
- Consciously experienced as one's own

## Implicit Attitudes

- Automatically triggered
  - Does not require any endorsement or attention for expression
- Operates in an unintentional, often unconscious manner
  - Can be activated quickly and unknowingly by situational cues (skin color, accent)
- Influence behavior without awareness
- Common and persistent

# Explicit Bias Awareness

Go down the list and check which column best describes how acceptable it is to have negative feelings toward each of these groups

# Bias Exercise

- The trusted 10:
- Fold over all the columns except the trusted 10 part
- Write down 10 people you really trust that are not family
  - People you know or do not know
- When finished, unfold and complete the other columns
- Without sharing specifically, what have you learned about who you have an affinity with, and why?

# Take the Test:

<https://implicit.harvard.edu/implicit/takeatest.html>



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## Preliminary Information

Whichever IAT you do, we will ask you (optionally) to report your attitudes toward or beliefs about these topics, and provide some general information about yourself. These demonstrations should be more valuable if you have also tried to describe your self-understanding of the characteristic that the IAT is designed to measure. Also, we would like to compare possible differences among groups in their IAT performance and opinions, at least among those who decide to participate.

Data exchanged with this site are protected by SSL encryption, and no personally identifying information is collected. IP addresses are routinely recorded, but are completely confidential.

**Important disclaimer:** In reporting to you results of any IAT test that you take, we will mention possible interpretations that have a basis in research done (at the University of Washington, University of Virginia, Harvard University, and Yale University) with these tests. However, these Universities, as well as the individual researchers who have contributed to this site, make no claim for the validity of these suggested interpretations. If you are unprepared to encounter interpretations that you might find objectionable, please do not proceed further. You may prefer to examine [general information about the IAT](#) before deciding whether or not to proceed.

You can contact our research team ([implicit@fas.harvard.edu](mailto:implicit@fas.harvard.edu)) or Harvard's Committee on the Use of Human Subjects ([cuhs@harvard.edu](mailto:cuhs@harvard.edu)) for answers to pertinent questions about the research and your rights, as well as in the event of a research-related injury to yourself.

**I am aware of the possibility of encountering interpretations of my IAT test performance with which I may not agree. Knowing this, I wish to proceed**





# Let's Debrief



- How important do you think it is to be aware of your explicit and implicit biases?
- How can this impact your skill as a motivational interviewer?
- What are some ways to use the knowledge you have about yourself?

# Now That We Know Ourselves . . .

## Helpful Communication Skills to Engage the Client

# Showing Respect

## Ask permission:

- “Do you mind if we talk about \_\_\_\_\_”
- “Can we talk a bit about \_\_\_\_\_”

# Avoid

- Assessment trap
- Expert trap
- Premature focus trap
- Labeling trap
- Blaming trap
- Chat trap



# Reflective Listening

- Hearing and understanding what the other person is communicating through words and body language to the best of your ability.
- Responding to the other person by reflecting the thoughts and feelings you heard in his or her words, tone of voice, body posture and gestures.

# Reflective Listening, Cont.

- Goal is to avoid misunderstandings
- Useful for handling resistance or anger in others
- Helps prevent “mental vacation”
- Helps the client think and speak more clearly
- Facilitates client finding own solutions

# Examples

- Review Reflective Listening Activity

Whole group participation

# What to Watch For . . .

- Evaluating and Judging –

- Avoid:
  - diagnosing
  - Interpreting
  - Judgment

- Solving

- Avoid:
  - advice
  - Ordering
  - Moralizing

- Withdrawing

- Diverting to another topic





# Attending

Conveys non-verbally that you are interested and are paying attention

# Attending Skills

- Contact:
  - Natural eye contact
  - Distance from client
- Gestures
  - Calm and relaxed
  - Avoid – fidgeting, finger drumming, glancing at watch
- Environment
  - Privacy
  - Remove barriers
- Interested Silence
  - Prompts client to go deeper
  - Gives client time to explore feelings

## Responsive Listening Techniques

- OARS:
- Open-ended questions
- Affirmation
- Reflecting
- Summarizing

# Open-Ended Questions

- Questions that cannot be answered with “yes” or “no”
- Encourage story-telling
- “Tell me . . .”
- “What do you think . . .?”
- “How do you plan . . .?”
- “Where can you . . .?”
- “Who can you ask . . .?”
- “What support do you . . .?”
- “Why do you think they might . . .?”

# Challenges of Open-Ended Questions

NYSED requires an annual physical exam for new entrants, students in Grades K, 2, 4, 7 and 10, sports, working permits and triennially for the Committee on Special Education (CSE).

## HEALTH APPRAISAL FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 School: \_\_\_\_\_ Gender: ☐ M ☐ F Grade: \_\_\_\_\_

**IMMUNIZATIONS / HEALTH HISTORY**

☐ Immunization record attached  
☐ No immunizations given today  
☐ Immunizations given since last Health Appraisal:

Sickle Cell Screen: ☐ Positive ☐ Negative ☐ Not done Date: \_\_\_\_\_  
 PPD: ☐ Positive ☐ Negative ☐ Not done Date: \_\_\_\_\_  
 Elevated Lead: ☐ Yes ☐ No ☐ Not done Date: \_\_\_\_\_  
 Dental Referral ☐ Yes ☐ No ☐ Not done Date: \_\_\_\_\_

Significant Medical/Surgical History: ☐ See attached \_\_\_\_\_

Specify current diseases: ☐ Asthma ☐ Diabetes: ☐ Type 1 ☐ Type 2 ☐ Hyperlipidemia ☐ Hypertension  
☐ Other: \_\_\_\_\_

Allergies: ☐ LIFE THREATENING ☐ Food: \_\_\_\_\_ ☐ Insect: \_\_\_\_\_ ☐ Other: \_\_\_\_\_  
☐ Seasonal ☐ Medication: \_\_\_\_\_

**PHYSICAL EXAM**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Date of Exam: \_\_\_\_\_ Referral

Body Mass Index: _____	Vision - without glasses/contact lenses	R	L	
Weight Status Category (BMI Percentile):	Vision - with glasses/contact lenses	R	L	
<input type="checkbox"/> less than 5 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> through 49 <sup>th</sup> <input type="checkbox"/> 50 <sup>th</sup> through 84 <sup>th</sup>	Vision - Near Point	R	L	
<input type="checkbox"/> 85 <sup>th</sup> through 94 <sup>th</sup> <input type="checkbox"/> 95 <sup>th</sup> through 98 <sup>th</sup> <input type="checkbox"/> 99 <sup>th</sup> and higher	Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	

☐ EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis: ☐ Negative ☐ Positive: \_\_\_\_\_  
 Specify any abnormality (use reverse of form if needed): \_\_\_\_\_

**MEDICATIONS**

Medications (list all): ☐ None ☐ Additional medications listed on reverse of form

Name: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_  
 Name: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_

If AM dose is missed at home: \_\_\_\_\_  
 I assess this student to be self-directed: ☐ Yes ☐ No Student may self carry and self administer medication ☐ Yes ☐ No  
 Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

**PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION**

☐ Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:  
 \_\_\_ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.  
 \_\_\_ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.

☐ Specify medical accommodations needed for school: \_\_\_\_\_ ☐ None

☐ Known or suspected disability: \_\_\_\_\_ ☐ Please monitor

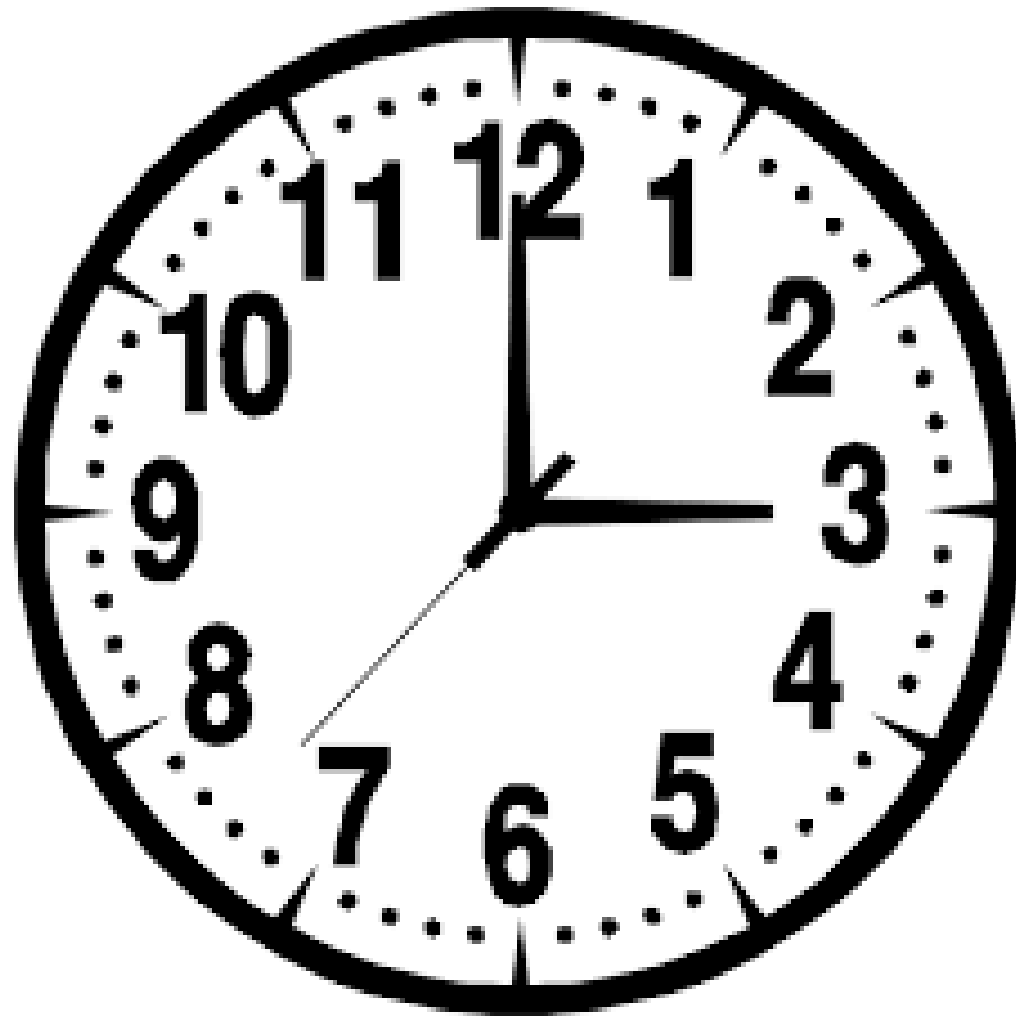
☐ Restrictions: \_\_\_\_\_ ☐ Please monitor

☐ Protective equipment required: ☐ Athletic Cup ☐ Sport goggles/impact resistant eyewear ☐ Other: \_\_\_\_\_ (Stamp below)

Provider's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Provider's Name/Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This exam complies with NYSED requirements above and is valid for twelve months, with the exception of any illness or injury lasting more than five days that will require review by private healthcare provider and the school medical director. Rev. 10/3/07

# Another Challenge



# Affirm

- Offer support and praise when sincerely meant
- Positive reinforcement for showing up on time for appointments
- Acknowledge “bravery” and “willingness” to deal with health issues.

*“You are setting a great example for future generations by taking care of yourself.”*

*“Paying attention to your health makes the whole tribe stronger.”*

# More Affirmations

- Affirmative responses or supportive statements verify and acknowledge the client's behavior changes and attempts to change:
- “Your commitment really shows by \_\_\_\_\_”
- “You showed a lot of (strength, courage, determination)”
- “It's clear that you are really trying to change your \_\_\_\_\_”



# Reflecting

A statement that shows you are trying to figure out the underlying meaning of their words.

The goal is to clarify what the patient is saying, and avoid any misunderstandings

Reflections are statements:

Patient – “It almost feels like my husband is judging me.”

Provider – “Your husband is critical of you.”

Let patient know you are making sure you understand, and avoid parroting back what they have said.

# Simple and Complex Reflecting

Client: “No one at work knows I smoke. I work in public health and I should know better.”

Simple:

“No one knows.”

“You’ve kept your smoking a secret.”

Complex: (Takes a guess)

“You are embarrassed that you smoke.”

“Smoking does not fit with your idea of being a credible public health worker.”

“You’re frustrated with yourself for not quitting.”

# Complex Reflecting:

- Emphasizes:
  - Emotional dimension
  - Beliefs and principles
- Changes the intensity
- Completes the next sentence
- States both sides
- Increases perspective



# Summarize

- Restating or reframing what the patient says in a condensed way – usually at the end of the session.
- Demonstrates to patient that you have been listening.
- Summarizing can signal the end of the engagement or help in transitioning to new topic.
- “So, today we have discussed the challenges you face in making it to appointments on time. I have agreed to remind you the morning of your appointment, and you have agreed to call me if something comes up.”

# End Result

Connect, link or transition the individual's comments ensuring understanding and moving the conversation forward.

# Why Motivational Interviewing?

- Enhance client motivation to change
- Effective for clients who struggle with making recommended behavior changes
- Client-centered counseling style for eliciting behavior change by helping clients explore and resolve ambivalence
- Helps clients activate motivation to change

# Ambivalence

- Key issue to be resolved for change to occur
- People change when they hear their own discussion of their ambivalence
- The discussion is called “Change Talk”
- Getting clients to engage in “Change Talk” is official element of MI process

# Motivation to Change

Clients do not make change either because they do not perceive that change as being important, in which case the benefits of the behavior outweigh the perceived consequences, or because they are not confident that they are able to make the change.



# Readiness to Change

Requires a high degree of both  
importance and confidence

# Change Activity

Everyone stand up and cross your arms -

# Change Activity 2

- Movement

# Change Activity 3

- Turn to the person next to you –
- One person close your eyes
- The other person, change 5 things about your appearance
- Open your eyes and identify what has changed
- Next, switch and the person who has their eyes open, change 10 things about your appearance.

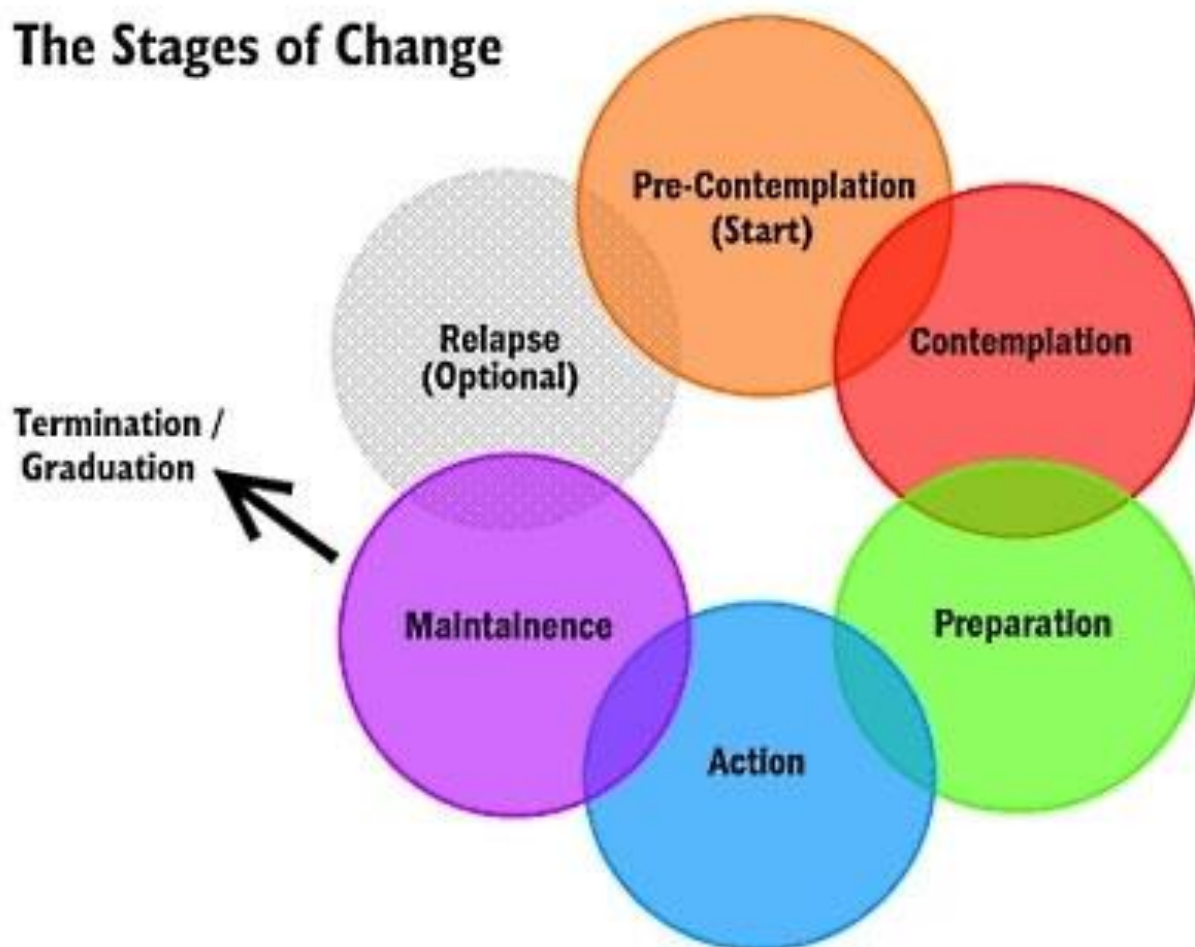
# Let's Debrief



- Did anyone find it difficult to change your crossed arms?
- What did it feel like to move to another spot after having been settled in for awhile?
- Did anyone feel frustrated by this exercise? Was it more frustrating to discover the changes or to make the changes?
- What might clients feel when discussing change?

# Stages of change

## The Stages of Change



Motivational Interviewing seeks to increase the perceived importance of making a change and increase the client's belief that change is possible.

# Recognizing & Reinforcing “Change Talk”

Change talk helps with successful outcomes because the client identifies the reasons for change -



# How to Frame Questions

- What would you like to see different about your current situation?
- What makes you think you need to change?
- What could happen if you don't change?
- What would be the good things about changing \_\_\_\_\_?
- What would your life be like 3 years from now if you changed your \_\_\_\_\_?
- Why do you think others are concerned about your \_\_\_\_\_?

# Recognizing Change Talk

Comments that favor movement toward a particular change goal:

“I guess it is more serious than I thought.”

“I am really worried about what is happening to me.”

“I would really like to quit smoking.”

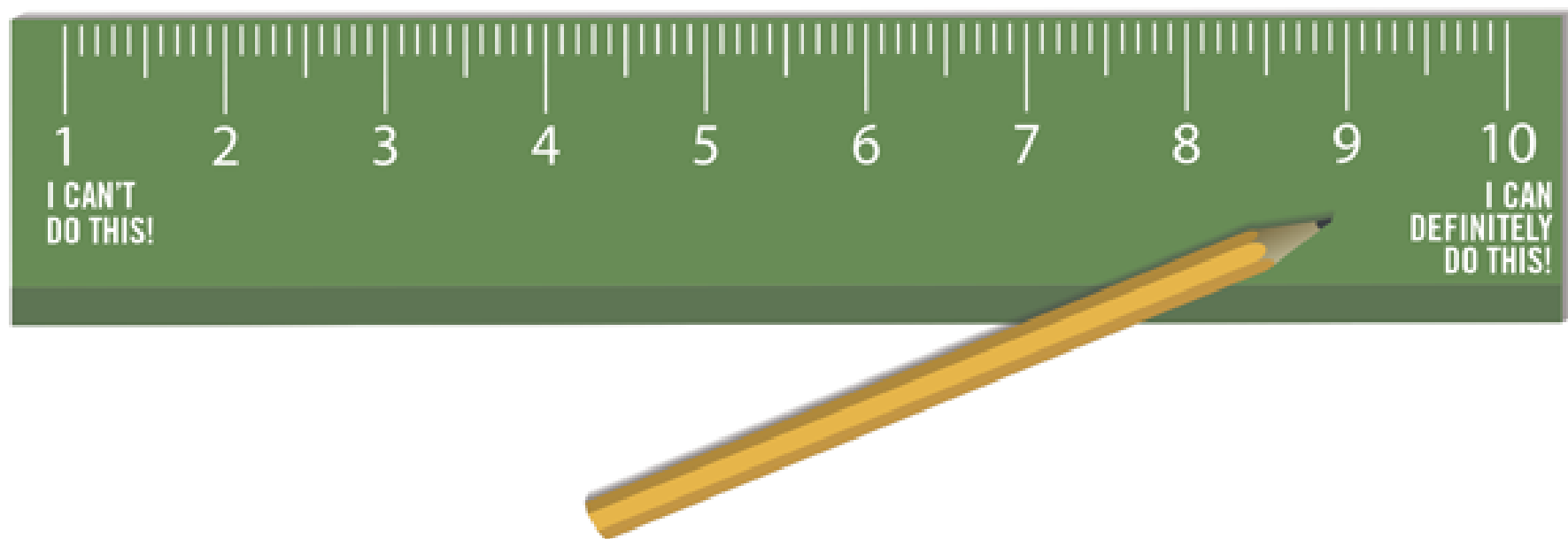
“I think I could probably do it if I decided to.”

“I think I could start cutting back.”

# Change Talk

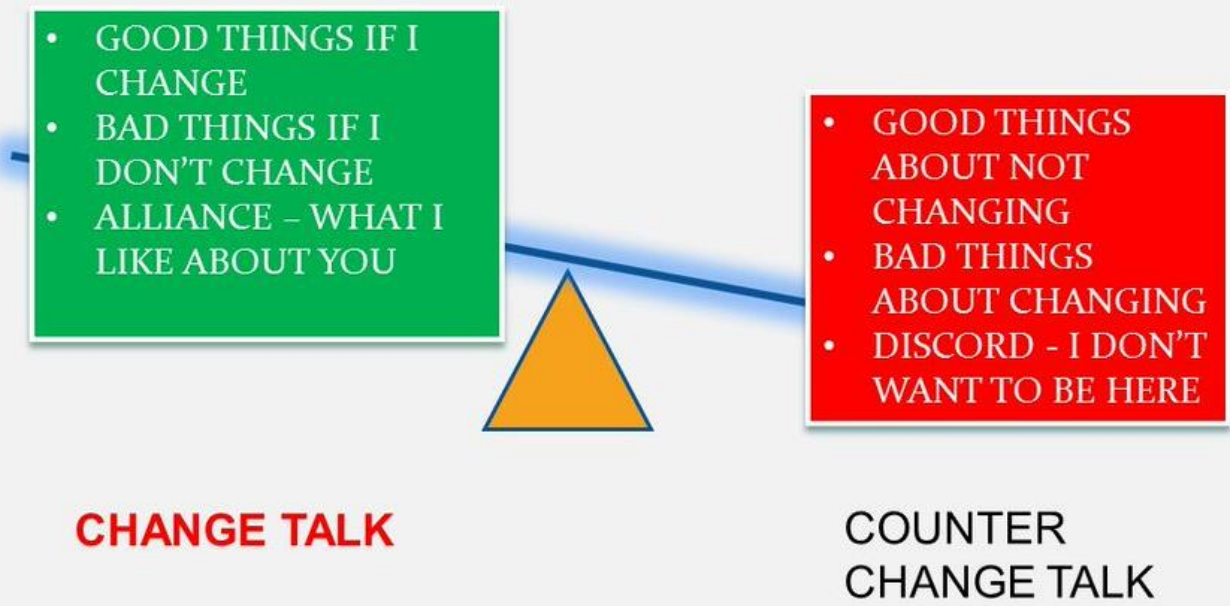
- Explore the problem
- Looking backward
- Looking forward
- Considering importance
- Exploring values and discrepancy with behavior
- Considering pros and cons (decisional balance)
- Importance/Confidence Ruler
- Exploring Extremes

# Confidence Ruler



# Sustain Talk and Discord

## YOUR CLIENT'S DILEMMA

- 
- GOOD THINGS IF I CHANGE
  - BAD THINGS IF I DON'T CHANGE
  - ALLIANCE - WHAT I LIKE ABOUT YOU

**CHANGE TALK**

- GOOD THINGS ABOUT NOT CHANGING
- BAD THINGS ABOUT CHANGING
- DISCORD - I DON'T WANT TO BE HERE

COUNTER  
CHANGE TALK

# Responding to Sustain Talk

- Client resistance is seen as a normal part of the change process.
- Clients are assumed to be ambivalent about change
- Statements can be seen as arguing either for change or for the status quo
- Clients arguing for status quo are often seen as unmotivated or resistant to change
- Sometimes silence is the best option

# Responding to Discord

- Emphasize autonomy
  - “Deciding if you want to talk to anyone, including me, is really up to you.”
- Apologize
  - “I’m sorry. I didn’t mean to offend you or tell you things you already know.”
- Shift focus
  - “You are not interested in discussing this now. What do you think would be helpful?”
- Reflection
  - “You feel like you’re stuck and people aren’t really listening.”

# Reinforcing Change Talk

- Build Self-Efficacy
- Focus on what is strong, not just what is wrong
- Reframes deficits as opportunities for growth
- Acknowledges and builds on successes
- Presumes a desire for and the possibility of a positive outcome



# Being Supportive

- If you were to decide to make this change, what would you have to do to make this happen/
- How can I help you get past some of the difficulties you are experiencing?

# Developing a Change Plan

Review the handout

# Putting it all Together

“MI is not a way of tricking people into changing; it is a way of activating their own motivation and resources for change.”

*Miller & Rollnick, 2013*

# Where to go from Here?

- Review of Action Plan

# For Further Study:

- DeJong, P and S.D. Miller. 1995. "How to Interview for Client Strengths." *Social Work*, 40:6. 729-736
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- Venner, Kamilla, Sarah W. Feldstein and Nadine Tafoya. 2006. Native American Motivational Interviewing. Accessed May 1, 2018. [https://www.integration.samhsa.gov/clinical-practice/Native\\_American\\_MI\\_Manual.pdf](https://www.integration.samhsa.gov/clinical-practice/Native_American_MI_Manual.pdf)
- [https://www.ctacny.org/sites/default/files/trainings-pdf/change\\_plan\\_mi\\_aedp.pdf](https://www.ctacny.org/sites/default/files/trainings-pdf/change_plan_mi_aedp.pdf)

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# National HIV Curriculum



## INTRODUCING THE AETC National HIV Curriculum

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- Six modules on HIV diagnosis, care, and treatment
- For novice to expert clinicians, faculty and students
- Clinical screening tools and calculators
- 400+ interactive board-review questions
- Modular learning in any order with progress tracker
- Easy to use antiretroviral medications guide and references
- Challenges and Controversies - national experts' opinions



# MWAETC Regional Programs

**AIDS CLINICAL CONFERENCE** - Educating healthcare professionals on the latest in HIV treatment and research through live and webcast lectures

**DENTAL PROGRAM** - Providing HIV oral health training and consultation to health care professionals

**HIV IN CORRECTIONS PROGRAM** - Training health care providers working in correctional settings

**INTER-PROFESSIONAL EDUCATION (IPE)** - Advancing workforce development for inter-professional teams in HIV primary care

**MWAETC HIV ECHO** - Building capacity of rural health care providers through weekly telehealth sessions including case discussions with an expert panel ([www.hivecho.org](http://www.hivecho.org))

**NATIONAL HIV CURRICULUM** - Offering comprehensive online HIV care and treatment content with free CE ([www.hiv.uw.edu](http://www.hiv.uw.edu))

**PRACTICE TRANSFORMATION PROJECTS** - Working with selected clinics to improve patient outcomes along the HIV care continuum

**PRECEPTORSHIP PROGRAM** - Arranging opportunities to shadow expert HIV providers in clinic settings



# MWAETC Website Features ([www.mwaetc.org](http://www.mwaetc.org))

- Trainings calendar – Information and registration links for state and regional events
- Regional program information
- Archived AIDS Clinical Conference presentations
- Resources:
  - CE Opportunities
  - For Providers
  - Population Specific Resources
  - For Patients

# Online Curricula with Free CME/CNE



## National **STD** Curriculum

[www.std.uw.edu](http://www.std.uw.edu) features self-study modules and Question Bank (board-review style) on a variety of STDs.



## Hepatitis C Online

[www.hepatitisc.uw.edu](http://www.hepatitisc.uw.edu) features self-study modules for diagnosis, monitoring, and management of HCV infection; tools and calculators; HCV medications; and a resource library.

# National HIV/AIDS Consultation Resources

- **Clinician Consultation Center** [www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)
- **HIV/AIDS Management or Warmline** 1-800-833-3413  
M-F, 6am - 5pm PST
- **PEPline** 1-800-HIV-4911  
Every day, 6am - 6pm PST
- **PrEPline** 1-855-HIV-PrEP  
M-F, 8am - 3pm PST
- **Perinatal HIV Hotline** 1-888-HIV-8765  
24/7